BULLETIN

Founded 1872

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Chen Chi, *High Noon, New York*, 1986, watercolor 38" × 35". Collection of the Butler Institute, gift of the artist.

East Meets West

Born in China in 1912, Chen Chi came to America in 1947 and lives in New York City. This has been his home base for these many years while actively engaged in producing highly personalized watercolors that seem to merge the Eastern style with the West. His travels have taken him to many parts of the United States, always supplying him with endless subjects and never lacking inspiration. Several years ago he painted a remarkable series of watercolors based on the Metropolitan Opera House. His paintings of Central Park beneath a blanket of snow are pictorially successful as simplified impressions of nature. Equally eye-catching are his variations of Spring, Summer and Autumn.

Chen Chi has been most aware of his American surroundings and what it offers pictorially. "High Noon, New York," a 38 × 35 inch watercolor was painted in 1986 and recently presented to Butler Institute for the permanent collection.

Honors and prizes have been awarded to Chen Chi on many occasions. Several books have been devoted to the man and his work. Pearl Buck may be quoted as saying, "Few artists

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BULLETIN

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SOCIETY MEETINGS
January 16, 1990
March 20, 1990
May 15, 1990
September 18, 1990
November 20, 1990
December 18, 1990

The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512. Phone (216) 788-4700.

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Practicalities

The Ohio State Medieal Assoeiation held a reeent Leadership Meeting at whieh several topies of general interest were diseussed. Two of the presentations have immediate impaet.

National Practitioner Data Bank. Congress passed legislation in 1986 whieh mandated the establishment of the NPDB. This was amended in 1987 to inelude eertain other healtheare lieensed praetitioners also. The projeeted opening date is late **April, 1990.**

The AMA and state medieal boards attempted to obtain the contraet for this serviee but were unsueeessful. The inelusion of other praetitioners essentially removed these organizations from eontention. This appeared to be the intent of the plan organizers. Instead the eontraet was let to UNISYS Corporation with computer baekground but not large data base funetions. Part of the delay in implementation is based on this inadequaey.

Input to the NPDB will eome from several sourees. Malpraetiee elaims settlements in any amount, ineluding out-of-eourt settlements, must be reported. State medieal boards must report lieense revoeations or suspensions, eensures, reprimands, probations, and lieense surrenders related to professional miseonduet or ineompetenee. Any adverse aetion on elinieal privileges arising from professional eompetenee or eonduet which lasts more than 30 days must be reported by the involved hospital, HMO, PPO, IPA or any group eondueting peer review. Professional soeieties must report adverse aetions taken against a member following review for eompetenee or eonduet.

Aetions based on fees or advertising are not reportable, and reporting is not retroaetive.

Aeeess to the NPDB is limited. Hospitals must eheek for aetions against their eredentialed practitioners at least every 2 years. New applicants for hospital privileges must also be checked. However, the old method of utilizing the state medical board and AMA will still be necessary for about 5 years until the empty data bank is developed.

State licensing boards and health care entities engaging in employment of a physieian may aeeess the data bank. Plaintiff's attorneys may have limited aeeess if a hospital has not properly used the data bank in eredentialing, and the hospital and physieian are being sued for negligenee.

Individual physieians may eheek their own file. Although insuranee eompanies and other employers do not have aeeess to the files, they may require a physieian to divulge this information before entering into a eontraet.

The NPDB must inform the praetitioner of a filed report, and the praetitioner has 60 days in which to dispute any aspeet of the report. After 60 days, any ehange in the file will be very diffieult to effeet. Therefore, prompt response to notifieation is essential.

Athough the eoncept of the data base is laudatory, espeeially in regard to the 1-2% of physieians who require monitoring, the program as struetured and operated must be serutinized earefully by those in healtheare.

Medieal soeiety adverse aetions against members that must be reported inelude the following: aleoholism, ineompetenee/malpraetiee/negligenee, nareoties violations, felony, fraud, unprofessional eonduet, mental disorder, allowing unlieensed person to praetiee, diseiplinary aetion taken in another state, violated previous aetion, physieal impairment, and "other." These reports must be very earefully eoded and worded. Big Brother is watehing.

Another presentation was by Dr. Cramblett, the Seeretary-Treasurer of the Ohio State Medieal Board. I was impressed by his obvious sineere eoneern about complaints to the medical board. and his desire to work with the medical community to identify the 1-2% of praetitioners who are having problems. He identified the most common complaints as greed, fraud (charging for a service not delivered), and drugs/alcohol/sex. Patient records must be transferred if properly requested, regardless of other personal or financial circumstances. Physicians should not prescribe Schedule II narcotics for themselves or family members. He encouraged physicians to

James A. Lambert, M.D.

Practicalities (Continued)

make reports, even if anonymously, so that patterns of concern about a practitioner may be tracked for informal review or additional documentation in regard to a formal complaint. Liability suits are usually not investigated.

If an investigator is overzealous in his approach, contact the board or Dr. Cramblett.

I shall attempt to keep these articles timely and pertinent to the needs of our membership. □

East Meets West (Continued from Front Cover)

can be transplanted from their own culture and find new inspiration in an environment originally strange to them. Chen Chi is one of the very few. Preserving the essentials of Chinese tradition in technique, he has enriched that technique while he has absorbed and mastered new subject matter. In short, he is a mature and exciting artist and his works are significant in symbolic thought as well as in beauty."

East Meets West: Chen Chi in America was on exhibition at the Butler Institute February 10-March 25, 1990. The exhibition was the largest showing of the master watercolorist ever mounted, and was made possible by a grant from Dr. and Mrs. Hai-Shiuh Wang and Dr. and Mrs. Albert B. Cinelli. Eye Care Associates also sponsored the *Art of the Eye* exhibition at the Butler in the Fall of 1988. *Art of the Eye* featured works by artists from across the nation who create paintings in spite of the difficulties they experience due to visual impairments. □

Prepared By
Butler Curator
Clyde Singer

A New Approach

Since entering practice I have spent a great deal of energy previously devoted to academic pursuits becoming oriented to the demands of private practice. One of the biggest obstacles faced by young physicians is the ignorance with which they enter the medical profession. In a field which requires seven years of rigorous medical training. most residency programs do not address the practieal issues involved in the day to day practice of medicine. New physicians are ill equipped to compete with established practices and alternate health care methods.

It is not that young physicians are unaware of the demands of private practice. Quite the opposite is true. Most residents fully realize what lies in store. They are very much aware of the restrictions both medically and monitarily which are being dictated by the insurance, governmental, legal and public sectors. Starting over again, mastering new skills can be sheer terror. It doesn't help that established physicians speak negatively of what medicine has become.

Is it any wonder, faced with CPT, ICD-9, RBRVS, MAAC's, assignment and participation, that young physicians choose to practice at HMP's, "urgent care" centers and larger group practices. If the days of the solo practitioner are over, it is only because we have allowed its demise. Limited hours, stable income and a ready made practice are very alluring to someone who hasn't the slightest idea of where to begin on their own. I feel this inability to address the complications of the medical/business system is as large a factor as lifestyle considerations in choosing a career.

We are losing an important part of the medical community to the apathy of the system. Young physicians are less likely to become involved politically if they see their careers as secure. It is the responsibility of medical schools, post-graduate training programs and medical organizations to edueate, equip and support young medical professionals to function in today's medicine.

Programs for practice management should be an essential part of post-graduate training. Contact in an office setting with the medieal aspects of billing, insurance, medieare and medicaid should be mandatory. Medieal organizations should sponsor a "buddy system" so new physicians can be introduced into the political system.

The field of medicine has undergone tremendous change in the last 25 years. However our system of training physicians is as it was 70 years ago. The demands of the medical profession have grown to include health care contracts, peer review, cost effectiveness and other entities not directly related to patient care. No longer can physicians remain uninvolved. If today's physicians are to be effective and successful they must be educated not only medically but politically and economically as well. □

Denise L. Bobovnyik, M.D.

The following applications for membership were approved by Council

First Year in Praetiee:

Steven L. Ballas, M.D.
Cherine El Dabh, M.D.

Information pertinent to the applicants should be sent to the office by April 10.

The Importance of Prevalence Part II

We shall now review the problem presented in January. As you will recall we assumed that while a medical student was rotating with you on a primary care elective, a 65 year old dentist entered the office for a routine annual checkup. He had no complaints and there was no significant physical findings. However the patient's father had died from colon cancer and your clinical experience suggested a 15% incidence of this disease in the progeny. A hemoccult test was made on the stool obtained during rectal examination and found to be positive. Fresh from a recent grand rounds on Bayes' theorem, you felt secure in responding to the patient's question: "Doctor what does this test mean?". The SENSITIVITY of the test permitted you to correctly identify patients WITH colon cancer 80% of the time, and the SPECIFICITY allowed you to identify correctly 80% of people WITHOUT disease. You quickly performed a simple calculation and told the patient he had a 41% chance of having cancer.

After the patient left the office, the student provocatively asserted that he believed the current literature indicated a figure other than your 15% estimate. The student asks. "WHAT IF" the prior probability of the disease is 5%, 30% or 50%? How would changing the prior probability of the disorder affect the test's positive predicative value? The following answers are provided utilizing the tabular form of Bayes' Rule:

PRIOR PROBABILITY PREVALENCE	→ BAYES' RULE →	POSTERIOR PROBABILITY PREDICTIVE VALUE OF A POSITIVE TEST
5%	→	17%
15%	→	41%**
30%	→	63%
50%	→	80%

TABULAR FORM OF BAYES' RULE

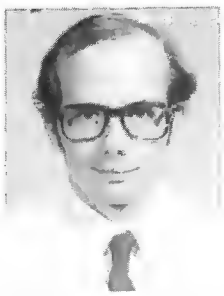
	A	B	C	
Disease Status	(p) Prior Prob	Conditional	A * B Product	PV+ Posterior
CANCER	0.15	0.80 (SENS)	0.12	0.41**
NO CANCER	0.85	0.20 (1-SPEC)	0.17	0.59
		SUM	0.29	

*The value in this cell is calculated by dividing the Product of the appropriate row (CANCER) by the SUM.

**Your answer = .41 = 0.12/0.29

$$\text{BAYES' RULE} = \frac{p \times \text{SENS}}{(p \times \text{SENS}) + (1\text{-}p) \times (1\text{-SPEC})}$$

Leonard P. Caccamo, M.D., FACP



Kimbroe Carter, M.D.

As you now can plainly see the predictive value of a positive test varies with the prevalence of the disease or one's estimate of the prior probability of the existing disease. The Positive Predictive Value (PPV) is defined as the percentage of all positive tests that are truly positive for a disease. An understanding of this

The Importance of Prevalence Part II (Continued)

concept is probably the most important, but apparently the least understood factor affecting the usefulness of a test. This estimate can be quiekly made on a hand caleulator. The prior probability, sensitivity and specificity of eertain common disorders are available by accessing our local library data bases and in particular by way of a phone eall to the Jeghers Medical Index.

The Youngstown Deeision Making Society on the evening of February 22nd, provided a provocative presentation to members of the Sigma Xi Centennial Chapter at Youngstown State University. The world of medicine was pictured as undergoing a very quiet revolution as it struggles to deliver cost effective health care in the faee of limited eeonomie resourees. Demonstrating how future physicians could use the knowledge of Medicine, a personal computer and mathematics, local practice pattern data in renal dialysis was reviewed by Dr. Edward Kessler. Dr. Carter illustrated the employment of Markov chains as a model to explore "what if strategies" of extreme importance to poliey decisions by physicians, hospitals, and patients. Dr. Caccamo challenged the university and area hospitals to initiate significant shared research into other health care problems with the goal of ereating praetical models for evaluating teaching and the delivery of cost effective health care to Northeast Ohio. It was felt that sueh an undertaking would require research efforts in the fields of decision making, computerized epidemiologieal data collection, statistieal analysis, elinieal economies and education. Physieians will not be replaced by the computer but will physicians learn to make use of this potentially helpful tool? Can we meaningfully examine and utilize the large amounts of data on procedures, PREVALENCE, outeomes, severity, eost, etc. stored within our local hospital data bases. □

Special Programs of Possible Interest. . .

W. Robert Kennedy, Ph.D.

We have become very accustomed to having a large number of visiting professors participate in our area continuing medical education programs. However, a generally overlooked domain of possible interest is the extraordinary cast of individuals who participate in open forums under the auspices of Youngstown State University. One group, actively engaged in promoting scientific discourse on broad range of subjects is the Centennial Chapter of Sigma Xi, the National Research Society, based at our local university. For early five years, University faculty have attempted to expand involvement of area physicians interested in research. We, at St. Elizabeth Hospital Medical Center, now have about thirty-five participating medical faculty as active Chapter members. The benefits are varied, but common themes involve collegiality, discussion, sharing of interests, and hopefully, the development of inter-disciplinary research projects.

One program, which is open to the community remains in this academic year. If you wish to attend, we welcome your participation. If you wish to be considered for Sigma Xi membership, feel free to contact me at your convenience.

We hope to see you at this upcoming Sigma Xi event, which will take place on the campus of Y.S.U.

"Rapid Growth in a Hot-Blooded Debate"
Dr. John R. Horner, Curator of Paleontology Museum of the Rockies, Montana State University
Thursday, April 26. 7:30 p.m.
DeBartolo Hall Rooms 121/122

New Council Installed

Dr. James A. Lambert was installed as president of the Mahoning County Medical Society and Dr. Karl F. Wieneke was honored as outgoing president at the installation of Council held on Tuesday, January 16, 1990 at the Youngstown Club.

A moment of silent prayer was observed for the Society members who had passed away during 1989: Dr. A. Calder, Dr. M. Halmos, Dr. D. Malta, Dr. A. Rosenblum, Dr. S. Tarmarkin, Dr. O. Turner, Dr. D. Yoder.

Dr. Wieneke recognized the following past presidents in attendance for their contributions to the Society: Drs. Abdu, Anderson, Barton, Baumblatt, Chiu, DeCicco, Detesco, Dietz, Fisher, Holden, Jenkins, Ondash, Schreiber and Wang. Special acknowledgement also was given to outgoing members of Council: Drs. El-Hayek, Kasamias, Lenhart, and Memo.

Dr. J. James Anderson, past Sixth District Councilor, installed the following members:

Officers
Dr. J. Lambert-President
Dr. B. Gordon-Vice President
Dr. K. Carter-Secretary
Dr. D. Chung-Treasurer
Delegates
Dr. J. Anderson
Dr. J. Lambert
Dr. L. Slusher
Dr. H. S. Wang
Dr. K. Wieneke
Alternate Delegates
Dr. E. Angtuaco
Dr. G. Bitonte
Dr. T. Detesco
Dr. M. Guthikonda
Dr. P. Lakhani
Members at Large
Dr. C. Amedia
Dr. J. Babyak
Dr. G. Baumblatt
Dr. J. Butterworth
Dr. D. Dunch
Dr. J. Ervin
Dr. J. Guju
Dr. C. Molloy
Dr. A. Qadri
Dr. E. Svenson
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Dr. V. Lepore
Dr. B. Lim
Program Chairman
Dr. J. Babyak
Bulletin Editor
Dr. D. Bobovnyik
Public Relations Chairman
Dr. R. Spratt

Following the installation ceremony, Dr. Wieneke presented an engraved gavel, made by Dr. Anderson, to Dr. Lambert. In turn Dr. Lambert, presented the traditional past president's plaque and pin to Dr. Wieneke on behalf of the members of the Society. A bound volume of the *Bulletin* was presented to retiring editor, Dr. Gordon and also to Mrs. Wieneke.

Dr. Lambert introduced Mrs. Beth Bacani, president of the Mahoning County Medical Society Auxiliary, who commented on the various projects of the Auxiliary.

In other business, one application for resident membership, Jeffrey M. Moldovan, D.O., and two applications for emeritus status, George A. Altman, M.D. and Robert G. Warnock, M.D. were presented.

It was noted that at the Council meeting of January 9, 1990 the members determined to eliminate the office of Vice President and replace it with the office of President-Elect. In accordance with the By-Laws, the following resolution was presented to the membership.

RESOLVED, THAT THE OFFICE OF VICE-PRESIDENT BE ELIMINATED AND REPLACED WITH THE OFFICE OF PRESIDENT-ELECT.

This resolution will be voted upon at the March 20, 1990 Society Meeting.

The evening concluded with a musical program by the Kress Wind Quintet.□

At A Glance

Seated L to R
Drs. K. Wieneke, J. Lambert, B. Gordon, H.S. Wang
Standing L to R
Drs. D. Chung, B. Lim, L. Slusher, E. Angtuaco, D. Dunch, J. Anderson, G. Baumblatt, R. Spratt, E. Svenson, J. Babyak

Dr. James Lambert and
Dr. Karl Wieneke

Dr. Brian Gordon and Dr. Karl Wieneke

Dr. & Mrs. Roberto Bacani

Mrs. Karl Wieneke and
Dr. James Lambert

Claims Backlog Resolving

Due to a major change in the claims processing system, over a million physician claims were backlogged at Nationwide-Medicare. Nationwide has recently reported however that while a few individual problems exist, normalcy is starting to return in the Medicare claims turnaround.

Any physician who continues to experience a problem should contact the OSMA Ombudsman staff for assistance.

Electrocardiographic Monitoring Billing Codes Change

As of March 1, 1990 Nationwide-Medicare no longer accepts HCPCS codes Q0019-Q0032 when reporting electrocardiographic monitoring services. Physicians are now to report these services by using codes from the cardiovascular section (beginning on page 34) of the CPT 1990 edition code book. A complete listing of the changes to the HCFA Common Procedure Coding System (HCPCS) is contained in the February 1990 *Medicare Newsletter*. Additional copies can be obtained from the OSMA Ombudsman office.

Effective Dates for Medicare Changes

4/1/90 Medicare fees are updated for 1990; reductions are applied to radiology, anesthesiology, and certain "overvalued" procedures; and new participation period begins.

4/1/90 Physicians must accept assignment on all claims for any Medicare patient who is also eligible for Medicaid benefits.

4/90 Unassigned claims that fail to include diagnosis codes will be referred to the Inspector General of Health and Human Services for possible sanctions.

5/90 Assigned claims that do not include Medicare carrier identification numbers of the physicians performing the service will be rejected.

7/90 Assigned claims will be denied if diagnosis codes are incomplete or inaccurate. Unassigned claims without complete and accurate codes will be referred to the Inspector General's office for possible sactions.

9/90 Physicians must submit all Medicare claims and may not charge the patient for doing so.

9/1/90 Medicare carriers will start complying with congressional mandate to profile individual physicians and provide educational feedback to those whose practice patterns vary from the norm.

Events

April 5 —MCMS Canfield Fair Exhibitors Luncheon—Drs. J. Schreiber, F. Freidrich, chairmen
April 10—MCMS Council meeting
April 25—Sixth District Caucas
April 26—MCMS Scholarship Recognition Dinner—Dr. R. Spratt, chairman

Look Before You Eat

"What's for dinner?" used to be somewhat of a rhetorieal question. For most families it really didn't matter. We ate steak, roast, ehops, pizza, hamburgers and hot dogs, sizzling, charbroiled and hot off the grill; followed by rich desserts such as cream pies, ice cream and other wonderful delicacies. These were only some of the foods we grew up with and learned to enjoy.

Now, however, a new vocabulary has made its way into common usage, a vocabulary which makes all of us rethink what we eat. Words like cholesterol, LDL's, HDL's, saturated fat, unsaturated fat, monosaturated fat, triglycerides, oat bran and many others have focused the attention of physician and non-physician alike to the baeks and sides of cans, boxes, bottles and jars to attempt to decipher what is the nutritional value of what we are about to consume. Has it gone too far or not yet far enough?

The average consumer, your patient, as he or she reaches the magic number of 200+mg/dL of cholesterol has many lifestyle choices to make. You, as his/her physician try to suggest the very best ways for your patient to lower his/her cholesterol level, cut back on red meat, eat fewer eggs, remove skin from chicken, turkey, etc., stay away from organ meats, whole milk products, including cheese, ice cream, butter, etc., increase the intake of oat bran and on and on. The very last pieee of advice (my personal favorite) is "READ THE LABELS ON WHAT YOU EAT".

I am not a rocket scientist nor an organic chemist; I am, however, an avid groeery shopper. I also *had* a cholesterol level of 255 mg/dL. Imagine my eonfusion and frustration as I began to "READ THE LABELS". Fortunately, for me, my public health baekground gave me a limited but, nonetheless, good idea of what I could and could not eat. For the average consumer, however, the nutrition label has become a virtual Tower of Babel. We've all had the experience; food labels are hard to read (tiny print) and hard to understand (unrecognizable chemical additives which we don't know and are unable to determine their effect on our cholesterol or other body systems). I recently eompared two brands of cookies; one, an oatmeal raisin cookie, is called the "good for you eookie" (printed in big letters on the front). On the baek, in tiny, tiny letters on the label read 45 calories and 0.5g of saturated fat. The other cookie is a popular brand of chocolate chip cookies. The label read 50 calories and less than one gram of saturated fat. Chocolate is one of the no-no's for cholesterol watchers, but a label inspection simply doesn't seem to send the right message.

We, therefore, applaud the Secretary of the Department of Health and Human Services, Louis W. Sullivan, M.D., for proposing sweeping changes in the way foods are labeled and directing the Food and Drug Administration to undertake a comprehensive initiative to revise the food label. These ehanges will be the first major ones since 1973.

The DHHS food labeling initiative will be implemented by the Food and Drug Administration in three phases, focusing first on issues that will make major contributions to the public health and that have the greatest public consensus. The concepts that will be developed during each phase of the initiative are outlined below.

Phase I Proposals (mid-1990):

Require nutrition labeling on most foods, with exemptions for some food categories, e.g., certain foods of limited nutritional value, and foods sold by certain small businesses.

Revise the list of nutrients required on the nutrition label. Include new items (e.g., saturated fatty acids, fiber, cholesterol, and ealories from fat) and make optional some currently-required nutrients (e.g., thiamine, riboflavin, and niacin).

Develop procedures for ensuring standard serving sizes.

Update the U.S. Recommended Daily Allowances (U.S. RDAs).

In preparation for a later proposal, identify nutrition label formats that consumers might find more useful or understandable than the current format.

Neil H. Altman, M.P.H.
Health Commissioner
City of Youngstown

Phase II Proposals (late-1990)

Define descriptors that are now undefined, where possible (such as "low fat," "high fiber," and "high calcium").

Address ingredient labeling issues, such as whether percentage listing of ingredients should be required; whether specific flavors, colors, and spices should be declared; and whether all sugars in a product should be labeled together.

In preparation for a later proposal, begin consumer testing of alternative nutrition label formats to determine which format best communicates nutrition information to consumers.

Phase III Proposals (1991):

Propose revisions to the nutrition label format that have been identified through previous consumer market research.

Evaluate public concerns about food standards.

We all are hopeful that after these changes have been implemented, changes in eating habits and choices of healthier foods will be made easier for all of us. HAPPY EATING! □

50 Years Ago - February 1940

President Robert Poling wrote that medicine had made tremendous strides in the more recent decades. As an example, he cited the use of Sulfapyridine which was replacing the use of sera in the treatment of pneumonia. It worked in Pneumococcus infections, but caused severe gastritis.

The new four day treatment of Syphilis involved the intensive use of an arsenical combined with injectable bismuth. This medication could only be obtained from the local Health Department by filling out the proper forms. The treatment of CNS Lues and Gonococcal Arthritis, which had always involved malaria inoculation for fever therapy, could now be treated by the new Hypertherm equipment available at St. Elizabeth's Hospital, under the direction of Dr. Ivan Smith, Youngstown's first Physiatrist.

40 Years Ago - February 1950

The T.B. and Health Association started a mass chest X-Ray survey of the adult population in Mahoning County. E.J. Reilly was president and Edwin Brody was Vice-President of the Society.

New members that month were Paxton Jones, Paul Fuzy, Jr., and Fred Friedrich. Fred Schlecht opened his office for the practice of General Surgery, and Arnoldus Goudsmit opened his for the practice of Internal Medicine.

New Interns at St. Elizabeth's were James R. Sofranec, Henry Shorr and Lewis Gasser. New interns at YHA were James D. Gordon and Robert Parry.Dr. Rummell created a stir when he announced that two female interns had been accepted for July, at YHA.

Robert R. Fisher, M.D.

30 Years Ago - February 1960

Fred Schlecht, now president, wrote about the deterioration of the physician-patient relationship. A.E. Rappoport was elected President of the Ohio Society of Pathologists. S.F. Gaylord was appointed to the Board of Directors of the Youngstown Symphony Society.

New members that month were Joseph G. Constantini, William D. Loeser, Arthur V. Whittaker and Angelo Riberi.

20 Years Ago - February, 1970

President Robert Jenkins announced the selection of a new Health Commissioner, Dr. D.M. Greissinger, who held a degree in Medicine as well as a degree in Public Health. His first action was to reopen the Venereal Disease Clinic.

Dr. Kurt Wegner completed the Rubella inoculation program, having inoculated 32,329 children up to fifth grade. James Finley was elected President of the Mahoning County Academy of General Practice. A.K. Phillips was elected President of the staff at St. Elizabeth Hospital. William Flynn was appointed to three National Committees of the American Cancer Society. Kurt Wegner was named Pediatric Director of the new Diagnostic and Evaluation Clinic of the Mahoning County Mental Health and Retardation Board.

New Active member was Charles E. Johnson, Jr., M.D. New associate member was Y.T. Chiu, Jr., M.D. and new intern-resident member was Indira Kohli, M.D.

10 Years Ago - February, 1980

New Society president was Pat Brucoli, succeeding Y.T. Chiu. New president of the staff at St. Elizabeth Hospital was William E. Sovik,succeeding Robert J. Hritzo. President of staff at YHA continued to be John J. "Jake" Turner. Jack Schreiber was awarded third place in the AMA speakers contest in the TV talk show division.

Dr. L.H. Moyer passed away at the age of 75. New members that month were. Active, Geoffrey L. Chentow, M.D.. Associate: John P. Popovec, D.O. and David S. Starr, MBBS. □

Interested in the History of Medicine?

People in the Western Reserve with an interest in the history of medicine and health care may want to know about the Theodore Shepard Medical History Society, named after Theodore Shepard (the physician who accompanied the first surveyors of northeastern Ohio). The Shepard Society's goal is to foster interest in the history of medicine within the communities of the Northeastern Ohio Universities College of Medicine (NEOUCOM) region.

The area served by the College includes 17 counties in northeastern Ohio: Ashland, Ashtabula, Carroll, Columbiana, Crawford, Geauga, Holmes, Lake, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne.

G. Thomas Osterfield, MLS
Archivist, NEOUCOM
Chairman,
Theodore Shepard
Medical History Society

Among the people the society is interested in recruiting and supporting are physicians interested in their specialties' histories, historians exploring the effects of health care upon community developments, social scientists looking at the result of social change upon people's well-being, and the curious or intellectually-active citizen who would like to share exciting and meaningful knowledge.

Because the society was founded at (and is affiliated with) the Northeastern Ohio Universities College of Medicine (NEOUCOM), specific activities include the sponsorship of lectures at NEOUCOM, identifying items of interest which might be added to the College's exhibit and special collections, and encouragement of gifts of items, books, and funds for the support of historical collections and activities at the College.

The society also assists other community groups working in the same subject area, and provides support for the study and sharing of study results about the area's history of health care. We wish to be a vital part of the network of community groups studying their own history and relating what they find to regional history.

Membership is open to any interested individual. A governing board of physicians, educators, and librarians oversees the activities of the Shepard Society and represents it to the community.

For more information, call 747-2247, ext. 531, or stop by the archives at the Oliver Ocasek Regional Medical Information Center, on the NEOUCOM campus in Rootstown. □

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UPDATE IN RHEUMATOLOGY

A mini SYMPOSIUM

April 12, 1990

Mr. Anthony's

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UPDATE IN RHEUMATOLOGY

For Further Information Contact:

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Western Reserve Care System
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Address Correction Requested